



Guidelines for Documentation of Psychiatric Disabilities in Adolescents and Adults

"Psychiatric disabilities" is a generic term used to refer to a variety of conditions involving psychological, emotional, and behavioral disorders and syndromes. The terms psychological disabilities and psychiatric disabilities are used interchangeably in this document. The two official sources designed to outline the criteria used in making these diagnoses are the Diagnostic and Statistical Manual, Fourth Edition (DSM-IV-TR) and the International Classification of Diseases Manual, Tenth Revision (ICD-10). For the purpose of determining eligibility for accommodation, the symptoms must meet the ADA definition of a disability.

This document provides guidelines necessary to establish the impact of psychiatric disabilities on a student's educational performance and to validate the need for accommodations.

Terms

Psychiatric disabilities

Comprise a range of conditions characterized by emotional, cognitive, and/or behavioral dysfunction. Diagnoses are provided in the DSM-IV-TR or the ICD-10. Note that not all conditions listed in the DSM-IV-TR are disabilities, or even impairments for purposes of the ADA. Therefore, a diagnosis of a disability does not, in and of itself, meet the definition of a disability necessitating reasonable accommodations under the ADA or Section 504 of the Rehabilitation Act of 1973.

Major life activity

Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and other similar activities. In particular, individuals with psychiatric disabilities may also experience thinking disorders/psychotic disorders that may interfere with the academic performance (e.g., reading, writing, calculating).

Functional limitation

A substantial impairment in the student's ability to function in the condition, manner, or duration of a required major life activity.

Documentation Requirements

I. A Qualified Professional Must Conduct the Evaluation

Qualified evaluators are defined as those licensed individuals who are qualified to evaluate and diagnose psychiatric disabilities or who may serve as members of the diagnostic team. These individuals or team members may include psychologists, neuropsychologists, psychiatrists, neuropsychiatrists, other relevantly trained medical doctors, clinical social workers, licensed counselors, and psychiatric nurse practitioners. Diagnoses of psychiatric disabilities documented by family members will not be accepted. The name, title, and credentials of the qualified professional writing the report should be included.

II. Documentation Must Be Current

The documentation should address the student's current level of functioning and the need for accommodations (e.g., due to observed changes in performance or medication changes since previous assessment). If the diagnostic report is more than six months old the student should also submit a letter from a qualified professional that provides an update of the diagnosis, a description of the student's current level of functioning during the preceding six months, and a rationale for the requested testing accommodations.

III. Documentation Must Be Comprehensive

Documentation should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document. The diagnostic report/interview should include the following components:

- A. **Specific diagnosis**
The report must include a specific diagnosis based on the DSM-IV-TR or ICD-10 diagnostic criteria and include the specific diagnostic section in the report with a numerical and nominal diagnosis from DSM-IV-TR or ICD-10. Evaluators should cite the specific objective measures (assessment procedures and evaluation instruments) used to help substantiate the diagnosis. The evaluator should use definitive language in the diagnosis of a psychiatric disorder, avoiding such wording as "suggests," "has problems with," or "may have emotional problems."
- B. **Current functional limitations in the academic environment**
A description of current functional limitations in different settings with the understanding that a psychological disorder usually presents itself across a variety of settings other than just the academic domain. This may include a history of presenting symptoms, duration and severity of the disorder and relevant developmental, historical, and familial data.
- C. **Medical information**
Medical information relevant to the students' needs, including the anticipated impact of medication on the student in a postsecondary environment. This may include the student's current medication regimen and side effects (if relevant).
- D. **Relevant information regarding current treatment**
- E. **A specific request for accommodations with accompanying rationale**
The evaluator must describe the degree of impact of the diagnosed psychiatric disorder on a specific major life activity, as well as the degree of impact on the student. A link must be established between the requested accommodations and the functional limitations of the student in the academic environment. A diagnosis in and of itself does not automatically warrant approval of requested accommodations. For example, test anxiety alone is not a sufficient diagnosis to support requests for accommodations. Given that many students may perceive that they might benefit from extended time in testing situations, evaluators must provide specific rationales and justifications for the accommodation. Psychoeducational, neuropsychological or behavioral assessments are often necessary to support the need for testing accommodations based on the potential for psychiatric disorders to interfere with cognitive performance.

IV. Alternative Diagnoses or Explanations Should Be Ruled Out

The evaluator should also investigate and rule out the possibility of other potential diagnoses involving neurological and/or medical conditions or substance abuse, as well as educational, linguistic, sensorimotor, and cross-cultural factors that may result in symptoms mimicking the purported psychiatric disability.

Adapted from the Educational Testing Services (2001)

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